

PRESS INFORMATION

GEHWOL Diabetes Report 2016

Monitor still more closely

What diagnostic measures do doctors take to identify patients at risk of diabetic foot problems, and how often? Answers are provided by the GEHWOL Diabetes Report 2016.¹ The practice guidelines² of the Deutsche Diabetes-Gesellschaft [German Diabetes Association] state how and at what intervals medical management should take place. This shows the following: The recommended measures are largely implemented, however not always with the recommended frequency. This, however, is a prerequisite for targeted prevention from which only a share of patients benefits so far.

Lübbecke, XX. September 2016 – 120 doctors participated in the survey for the GEHWOL Diabetes Report 2016. 70 percent of them work in the interdisciplinary field, and two percent work in a foot care institution certified by the German Diabetes Association. They treat 3265 diabetics; of these, 69 percent within the scope of a Disease Management Program for type 2 diabetics.

The doctors estimate the share of patients who are at risk at 21 percent. Diabetics who have specific risk symptoms are classified as such. For example, about 36 percent of patients wear unsuitable shoes. 30 percent have sensory neuropathy, and 22 percent have a peripheral arterial occlusive disease. 20 percent have impaired joint mobility, and 25 percent have foot deformities. 20 percent have a past ulcer treatment or amputation, and ten percent have

psychosocial risk factors such as low education levels or a lack of social integration. Skin damage is most widespread. According to information from doctors, the feet of nearly all patients with diabetes have callus weals.

With this rate (21% patients at risk), the current GEHWOL Diabetes Report is above the figures of the German Health Report Diabetes.³ According to the latter, one million diabetics in Germany have an elevated risk of suffering foot injuries. This would be 13 percent in 7.6 million affected persons (including unreported figures), wherein every fourth diabetic actually suffers diabetic foot syndrome in the course of their life. This collective therefore requires special preventive attention.

Implemented measures in risk diagnostics

Patients at risk require special treatment and prevention measures. It is therefore important to monitor patients who are at risk especially closely. Risk diagnostics generally take place either by the family doctor or by a referral to a specialist. In the GEHWOL Diabetes Report, doctors report the following measures: Documentation of long term diagnoses (e.g. paraesthesia, sensation of numbness), documentation of previous foot lesions and surgeries, examining and documenting shoe care, bilateral palpation of foot pulses, Doppler/duplex sonography, testing touch sensitivity, bilateral foot inspection while checking the skin status (integrity, turgor, sweat formation, temperature, existing lesions) and presence of a deformity, as well as checking and documenting joint mobility.

Not at every examination

However, doctors often do not do the examination at every consultation. For example, 60 percent of doctors do not check shoe care at every examination. However, pressure load by shoes without a sufficiently soft bed on feet which lack sensitivity is regarded as one of the most common causes of diabetic foot syndrome. Foot inspection is also not part of standard measures in every examination. 67 percent of doctors confirm that they check and document the skin status. But 40 percent also say that they do not do this at every examination. The picture is similar in examining foot deformities. 61 percent obtain findings of the feet in this regard, but 44 percent do not always do so. Examinations on sensitivity disorders and circulation are likewise not always done. One third of doctors confirm that they do not test touch and vibration sensitivity of the feet at every examination using 10 g monofilament and the Rydel-Seiffer tuning fork. However, the DDG practice guideline recommends that at least the foot inspection, sensitivity diagnostics and bilateral palpation of foot pulses should take place at every examination, aside from a specific history.

Check intervals

The frequency of examinations does not always match the recommendations as well. In general, diabetics should have their feet examined by a doctor at least once a year. In patients with sensory neuropathy, the examination takes place once every three to six months; in patients with PAOD, once every two to three months. Diabetics with early ulcers or amputation should see a specialist once every one to two months.

Particularly in patients with circulatory problems and past ulcers or amputations, some time intervals are not met. 21 percent of doctors state that they see PAOD patients less than once every two to three months. In patients with past ulcers or amputations, 34 percent of doctors state that checkups take place less often than the recommended once every one to two months. Compliance is often determining. According to information from doctors, only five percent of patients actually come in for all checkups.

This is problematic because close monitoring serves to identify patients at risk, who can then be sent to a specific prevention program. Only a share of diabetes patients profits from this thus far. For instance, the share of patients receiving podological care is at 30 percent, according to information from doctors surveyed in the GEHWOL Diabetes Report. Only nine percent of diabetics receive special examinations of biomechanics or special shoe care by an orthopaedic shoemaker with a medical aid prescription. 41 percent of diabetics receive training from a diabetes consultant, but only 34 percent receive specific training on independent foot inspections and foot hygiene.

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Sources:

- [1] GEHWOL Diabetes Report 2016. IDS Germany and INSIGHT Health, September 2015 (n = 3265 diabetics via 120 doctor's practices).
Download: gehwol.de/service/fachwissen/diabetes_und_fusspflege
- [2] Practice recommendations of the Deutsche Dermatologische Gesellschaft (DDG = German Dermatology Association): Diabetic foot syndrome. Diabetology and Metabolism 2015; 10 (Supplement 2): S172-S180.
- [3] German Health Report Diabetes 2016

GEHWOL Diabetes Report: Methodology information

The sample size model (n = 3265 patients via n = 320 physicians' practices) is based on a random sample. The case frequency was validated by the prescription of the indication market of A10 antidiabetic drugs. Herein, case figures from the statutory health insurance medication data per patient were calculated on case figures per practice for the analysis. Taking the significance level into account, the recommended sample size of the practices was at 50 and that of the patients at 2000 to 2500. The primary data collection took place within the scope of a structured, standardised written survey. The patient interviews were performed by the involved physicians, and completed with anonymised information about the patient findings.

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